

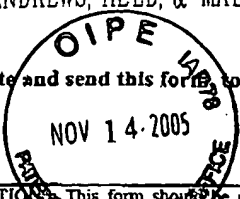
FROM McANDREWS, HELD, & MALLOY

(MON) 11. 14' 05 10:56/ST. 10:55/NO. 4861050963 P 2

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7590

10/24/2005

Donald J. Pochopien
 MCANDREWS, HELD, & MALLOY, Ltd.
 500 West Madison Street
 Suite 3400
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Donald J. Pochopien (Depositor's name)
 (Signature)
 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/701,933 | 08/20/2001 | Tom Sander | TB-1041A-US | 1292 |

TITLE OF INVENTION: CORTICAL BONE CERVICAL SMITH-ROBINSON FUSION IMPLANT

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$0 | \$1400 | 01/24/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| SNOW, BRUCE EDWARD | 3738 | 623-017110 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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1. Donald J. Pochopien

2. McAndrews, Held &

3. Malloy

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Regeneration Technologies, Inc.

Alachua, FL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Typed or printed name Donald J. Pochopien

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